

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/445033

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		2				
17		1				
18		1				
19		1				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	34					
TOTAL CLAIMS	36					

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